

GM Docket No. GP-301022
HDP Docket No. 5922-000039

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Sunder

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit:

Examiner:

Inventor: Alden et al.

Serial No.: 09/740,584

Filed: December 18, 2000

For: AUTOMATIC RECONFIGURATION
OF SYSTEM SUB-MODELS FOR
INDEPENDENT ANALYSIS



PRELIMINARY AMENDMENT

CERTIFICATE OF MAILING

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February 2, 2001

By

John A. Rytle

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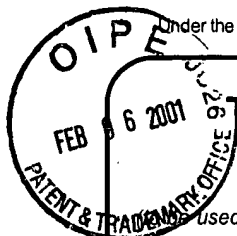
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PTO/SB/21 (08-00)
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| TRANSMITTAL FORM | | Application Number | 09/740,584 |
| | | Filing Date | 12/18/00 |
| | | First Named Inventor | Alden |
| | | Group Art Unit | |
| | | Examiner Name | |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | GP-301022 (HDP 5922-000039) |

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RETURN POSTCARD |
| Remarks | | The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 OR 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------|----------------------|--|--|
| Firm or Individual name | John A. Miller, Esq. | | |
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| Date | 2/02/01 | | |

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